

APPLICATION DATA SHEET

Application Information	
Application Number::	
Filing Date::	January 29, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	METHOD OF TREATING HEPATIC FIBROSIS
Attorney Docket Number::	AM-101305USA
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity::	No
Latin name::	
Variety denomination name	
Petition Included::	No
Petition Type	
Licensed US Govt. Agency::	
Contract or Grant Number::	
Secrecy Order in Parent Application::	

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Brenda
Middle Name::	
Family Name::	Cooperstone
Name Suffix::	
City of Residence::	Bryn Mawr
State or Province of Residence::	PA
Country of Residence::	US
Street of Mailing Address::	394 Strathmore Drive
City of Mailing Address::	Bryn Mawr
State or Province of Mailing Address::	PA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	19010

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	
Family Name::	Clare
Name Suffix::	
City of Residence::	Wayne
State or Province of Residence::	PA
Country of Residence::	US
Street of Mailing Address::	1656 Stephens Drive
City of Mailing Address::	Wayne
State or Province of Mailing Address::	PA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	19087

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United Kingdom
Status::	Full Capacity
Given Name::	George
Middle Name::	
Family Name::	Stanley
Name Suffix::	
City of Residence::	Dorset
State or Province of Residence::	
Country of Residence::	United Kingdom
Street of Mailing Address::	Flat 2, 18 Nairn Road, POOLE
City of Mailing Address::	Dorset
State or Province of Mailing Address::	
Country of Mailing Address::	United Kingdom
Postal or Zip Code of Mailing Address::	BH13 7NQ

Correspondence Information	
Correspondence Customer Number::	38199
Name::	Howson and Howson
Street of Mailing Address	Spring House Corporate Center, Box 457
City of Mailing Address	Spring House
State or Province of Mailing Address	Pennsylvania
Country of Mailing Address	US
Postal or Zip Code of Mailing Address::	19477
Phone Number::	215-540-9200
Fax Number::	215-540-5818
E-Mail Address::	CKodroff@HowsonandHowson.com

Representative Information		
Representative Customer No. 38199	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	An application claiming the benefit under 35 USC 119(e)	60/445,517	02/06/03

Foreign Priority Information			
Country	Application Number	Filing Date	Priority Claimed